

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400351666

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 66571
2. Name of Operator: OXY USA WTP LP
3. Address: P O BOX 27757
City: HOUSTON State: TX Zip: 77227
4. Contact Name: Joan Proulx
Phone: (970) 263-3641
Fax: (970) 263-3694

5. API Number 05-045-13953-00
6. County: GARFIELD
7. Well Name: CASCADE CREEK
Well Number: 697-20-37D
8. Location: QtrQtr: SWSE Section: 20 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: 06/22/2007 Date of First Production this formation: 07/02/2007

Perforations Top: 5259 Bottom: 6500 No. Holes: 120 Hole size: 36/100

Provide a brief summary of the formation treatment: _____ Open Hole:

4 stages of slickwater frac with 15,075 bbls of KCl and 592,250 lbs of 30/50 white sand proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4432 Tbg setting date: 11/14/2012 Packer Depth: _____

Reason for Non-Production: While work occurred to repair a hole in the tubing, the tubing parted and fishing was unable to retrieve it all. There is 1,108' of fish left in the hole, with the top of fish at 5,542'. The well was referred to engineering. It was determined that this well may be a candidate to be converted to an injection well.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 4550 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A will correct the producing formations submitted on the original Form 5A.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: _____ Email joan_proulx@oxy.com

Attachment Check List

Att Doc Num	Name
400351666	FORM 5A SUBMITTED
400355029	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)